



**Report Identification Number: SY-16-025**

**Prepared by: Syracuse Regional Office**

**Issue Date: 1/18/2017**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

### Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 7 month(s)

**Jurisdiction:** St. Lawrence  
**Gender:** Female

**Date of Death:** 05/23/2016  
**Initial Date OCFS Notified:** 05/24/2016

## Presenting Information

On 5/24/16, the SCR registered a report alleging the SM and SF brought the SC, age 7 months, to the hospital on 5/20/16. The SC was malnourished and weighed 11 lb., 14oz upon admission to the hospital. For the past several months prior to the hospital admission, the SM fed the SC 15 oz. per day of a homemade formula that consisted of egg whites, chicken broth, cow's milk, and black tea. The SC also presented with optic nerve atrophy, decreased urine output, and lower extremity edema. The SC had signs of developmental delays that included speech and motor skills, and was unable to lift her head or make age appropriate sounds. Due to complications from malnourishment, the SC passed away on 5/23/16. The SC had not received regular medical check-ups prior to her hospitalization. The 3 siblings, ages 4,3, and 18 months, were also named in the report with an unknown role.

## Executive Summary

The report involved the death of a 7 month old infant. On 5/20/16 the parents brought the SC to a Vermont hospital where she subsequently passed away on 5/23/16. At the time of admission to the hospital the SC was malnourished; had decreased urine output; edema in her lower extremities; optic nerve atrophy; and developmental delays. A report was registered with the SCR on 5/24/16 with allegations of IG, IF/C/S, M/FTTH, and DOA/Fatality against the SM and SF regarding the SC. The household consisted of the SM, SF, SC, and three SSs ages 4,3, and 18 months. Despite diligent efforts, LDSS was unable to obtain either the preliminary or final autopsy report, or the final death certificate due to Vermont State law prohibiting the disclosure of these records. However, LDSS spoke with the ME who confirmed that the SC had a very rare "genetic anomaly", that caused the congenital defects the SC had that included slow growth, kidney failure, and protein loss through the urine. In addition, the ME confirmed that the genetic anomaly would have caused the brain abnormalities the SC had that consisted of visual stimulus deprivation. The ME also confirmed that regardless of how well the SC's diet would have been the SC would have died. The ME confirmed the SC had a heart defect that did not contribute to the SC's death. The ME informed LDSS that the death certificate would state the SC died of "natural causes."

LDSS obtained pertinent information from LE, and attempted to obtain other pertinent information such as the SC and her SSs medical information. However, due to the parents cultural and religious beliefs, none of the children had a primary physician; none of the children received routine medical checkups; and the parents refused to sign medical releases for information for the SC and the SSs. LDSS learned from the SM and SF that the SC went to a "cranial doctor" in their cultural and religious community in a different state prior to her death. Although LDSS made attempts to gather information about the doctor, their attempts were unsuccessful. Due to the SC's parents' refusal to sign medical releases of information for the SC, LDSS was also unable obtain the hospital records related to the SC's death. LDSS made pertinent collateral contacts within the SC's extended family and community. LDSS also conducted adequate safety assessments for the SSs. Shortly after the onset of the investigation, the SC's parents refused to cooperate with the investigation, therefore, LDSS was unable to conduct an adequate risk assessment of the SSs.

Due to extenuating circumstances regarding efforts made to obtain the autopsy report and gather pertinent



information from the ME, LDSS completed their investigation on 10/26/16 and unsubstantiated the allegations of IG, IF/C/S, M/FTTH, and DOA/Fatality against the SM and SF regarding the SC. LE also conducted an investigation into the death of the SC and stated they did not find any signs of neglect, and did not file criminal charges.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

LDSS conducted an adequate investigation and gathered sufficient information to conduct safety assessments; unsubstantiate the allegations; and unfound the report.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

LDSS gathered sufficient information and appropriately unsubstantiated the allegations, and unfounded the report.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? [ ]Yes [x]No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/23/2016

Time of Death: 07:00 PM



# NYS Office of Children and Family Services - Child Fatality Report

County where fatality incident occurred: 999

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: No activity

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not

impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	19 Month(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

### LDSS Response

Upon receipt of the SCR report, LDSS learned from the Vermont ME that the preliminary autopsy showed the SC had an unrepaired heart defect that would have caused reduced growth weight; the SC's brain was abnormal which would have caused both her physical growth delays as well as developmental delays; and that the SC's death was not "100% based on her nutrition." Hospital personnel informed LDSS that the mother had transitioned the SC to a homemade formula when the SC was approximately 5 months old. The ME also confirmed that the SM had transitioned the SC to a homemade formula when the SM became pregnant, and that the transition to a homemade formula due to pregnancy, was "pretty typical." The ME did not know why the SC and SF gave the SC 15 oz. per day of the homemade formula. LDSS learned from the ME that the SC had a very rare "genetic anomaly" that caused the congenital defects the SC had, which included slow growth, kidney failure, and protein loss through the urine. In addition, the ME stated that the genetic anomaly would have caused the brain abnormalities the SC had that consisted of visual stimulus deprivation. The ME confirmed that regardless of how well the SC's diet would have been the SC would have died. The ME also informed LDSS that the SC had a heart defect that did not contribute to the SC's death. The ME informed LDSS that the death certificate would state the SC died of "natural causes."



LDSS immediately conducted a safety assessment of the SSs and found them safe in the care of relatives and community members. LDSS observed the SSs on several occasions and each time they appeared healthy, well nourished, and appropriately cared for. LDSS also conducted home visits and face to face interviews with the SM and SF who informed LDSS the SC was breastfed but had been transitioned to a homemade formula approximately 6-8 weeks prior to the SC's death, when the SM became pregnant. The homemade formula consisted of egg yolks, cream, chicken broth, powdered liver, ginger tea and unflavored gelatin. In addition, they fed the SC organic applesauce. The SM and SF told LDSS that two days prior to bringing the SC to the hospital, they noticed the SC had swelling and was not urinating "as much." The SM and SF knew the SC was having "kidney issues" so they gave her an herb and ginger tea to help her urinate. The tea gave the SC some relief, however upon the SC having only urinated twice on 5/19/16, they brought the SC to the hospital on 5/20/16. In addition, the SC had a fever of a 102 degrees approximately two days prior to hospitalization which the family resolved with a homemade remedy.

The SF stated they noticed that prior to the "kidney issues," the SC had "something wrong" with her "cranium" and that she was unable to focus her eyes. As a result, they took her to a "cranial doctor" in another state, who "adjusted" the SC. The SM and SF were unable to provide a description of the medical treatment provided to the SC. During the second visit to the "cranial doctor" the doctor informed them that the SC's bones were "straightened", and the SM and SF noticed the SC was able to focus more with her eyes. The SM and SF stated that, due to their cultural and religious beliefs, they provided medical treatment at home prior to seeking professional medical care. As a result of the SM and SF's cultural and religious beliefs, they also refused to cooperate with the investigation shortly after the investigation was initiated. As a result of the SM and SF's refusal to cooperate, LDSS was unable to conduct an adequate risk assessment of the SSs; was unable to provide the SM with Safe Sleep information for the impending birth; and was unable to determine at the closure of the report as to whether or not the SM had given birth.

LDSS also made timely collateral contact with LE and learned they found no evidence of abuse or neglect, and did not file criminal charges.

LDSS unsubstantiated the allegations and unfounded the report.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# NYS Office of Children and Family Services - Child Fatality Report

034461 - Deceased Child, Female, 7 Month(s)	034241 - Mother, Female, 26 Year(s)	Malnutrition / Failure to Thrive	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034241 - Mother, Female, 26 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034241 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034242 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034242 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034242 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034241 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
034461 - Deceased Child, Female, 7 Month(s)	034242 - Father, Male, 28 Year(s)	Malnutrition / Failure to Thrive	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Due to cultural and religious beliefs, the SC and her siblings did not have a pediatrician, and were cared for by the parents and community members.

### Fatality Safety Assessment Activities



# NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> LDSS conducted adequate safety assessments throughout the course of the investigation.				

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity.

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The SC's parents were uncooperative with the investigation, therefore, LDSS was unable to adequately assess service



need for the family.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

Grief counseling was offered to the SC's parents, who declined the service for the SSs.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Grief counseling was offered to the SC's parents, who declined the service for the SSs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
Used illicit drugs

Infant was born:

- Drug exposed
With fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality



The family did not have any CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family had no known CPS history outside of NYS.

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No